

<b>Case Number:</b>	CM14-0128554		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	08/04/2003
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with the date of injury of 8/4/03. A Utilization Review was performed on July 22, 2014 and recommended non-certification of outpatient trial spinal cord stimulator lead on left and PNS programming. A Progress Report dated June 9, 2014 identifies History of Present Illness of pain in his left arm, low back and left leg pain has improved s/p PNS implant. He reports that the symptoms are constant and are made worse by head positioning towards the left and alleviated by medications. The pain is associated with pain and numbness radiating down the arm. Physical Exam identifies diminished sensation to light touch over the left middle finger. Diagnoses identify neck pain, status post prior spinal fusion surgery, cervical radiculopathy, and chronic pain. Plan identifies request trial for spinal cord stim lead on the left side for his left-sided neck and arm pain and PNS programming.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **OUTPATIENT TRIAL SPINAL CORD STIMULATOR LEAD ON LEFT AND PNS PROGRAMMING: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATORS Page(s): 105-107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 38, 101, 105-107 of 127.

**Decision rationale:** Regarding the request for outpatient trial spinal cord stimulator lead on left and PNS programming, Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia. Guidelines recommend psychological evaluation before proceeding with spinal cord stimulator therapy. Within the documentation available for review, it does not appear that all invasive procedures have failed. Furthermore, there is no documentation that the patient has undergone a successful psychological clearance evaluation. In the absence of such documentation, the currently requested outpatient trial spinal cord stimulator lead on left and PNS programming is not medically necessary.